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HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(1) po oi 1 i		
PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
BEST, Kathryn			808 548-4811
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808 548-2975
(City)	(State)	(Zip	Code)
Mililani, Hawaii	96789		
EMPLOYING ORGANIZATION	(Fill in only if you are employed by a business en	ntity which has been retained to lobby)	TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Castle & Cooke Waikoloa, LLC		
	808 548-2975	
(State)	(Zip Code)	
PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
	808 548-4811	
-	FAX	
	808 548-2975	
(State)	(Zip Code)	
	(State) PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	

PART III DESCRIPTION OF S	SUBJECTS UPON WHIC	CH YOU EXPECT TO LOBBY	
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
PART IV CERTIFICATION OF			
Kath	mation furnished above Best grafture of Lobbyist)	is, to the best of my knowledge, cor	76
		, Joan	
PART V AUTHORIZATION TO NAME	O LOBBY	TITLE OF AUTHORIZING OFFICER OF	R PERSON REPRESENTED
Harry A. Saunders		President	
NAME OF ORGANIZATION (If applicab	le)	TELEP	HONE
Castle & Cooke Waikoloa,	LLC	808	548-4811

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(State)

(Signature of Authorizing Officer or Person Represented)

FAX

(Zip Code)

808 548-2975

JAN 1 3 2006

(Date)

MAILING ADDRESS (Street)

P.O. Box 898900

Mililani, HI 96789

(City)